Application Data Sheet

Application Information

Application Type:: Regular Subject Matter:: Utility

Suggested Classification::
Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0

Title:: METHOD AND ARRANGEMENT IN A

COMMUNICATION SYSTEM

Attorney Docket Number:: 1510-1038-2

Request for Early No

Publication?::

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 3
Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::
Contract or Grant Numbers::

Secrecy Order in Parent No

Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN

Status:: Full Capacity

Given Name:: ULF

Middle Name::

Family Name:: BODIN
City of Residence:: LULEA

State or Province of Residence::

Country of Residence:: SWEDEN

Street of Mailing Address:: KLINTVAGEN 301A

City of Mailing Address:: LULEA

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-973 32

Applicant Authority Type:: Inventor

Primary Citizenship Country:: SWEDEN

Status:: Full Capacity

Given Name:: DANIEL

Middle Name::

Family Name:: LINDHOLM

City of Residence:: LULEA

State or Province of Residence::

Country of Residence:: SWEDEN

Street of Mailing Address:: KARSHUSVAGEN 4:222

City of Mailing Address:: LULEA

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-977 54

Applicant Authority Type:: Inventor

Primary Citizenship Country:: SWEDEN

Status:: Full Capacity

Given Name:: JIM

Middle Name::

Family Name:: SUNDQVIST

City of Residence:: LULEA

State or Province of Residence::

Country of Residence:: SWEDEN

Street of Mailing Address:: REGNVAGEN 80

City of Mailing Address:: LULEA

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-976 32

Applicant Authority Type:: Inventor

Primary Citizenship Country:: SWEDEN

Status:: Full Capacity

Given Name:: OLOV

Middle Name::

Family Name:: SCHELEN

City of Residence:: NORRFJARDEN

State or Province of Residence::

Country of Residence:: SWEDEN

Street of Mailing Address:: JAN JONSVAGEN 19

City of Mailing Address:: NORRFJARDEN

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-945 91

Correspondence Information

Correspondence Customer Number:: 000466

Representative Information

Representative	Customer Number::	000466

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This application	Non-Provisional of	60/434,675	12/20/02
This application	Non-Provisional of	60/435,347	12/23/02

Foreign Priority Information

Application of the state of the			
Application	Filing Date::	Priority	
Number::		Claimed::	
0203872-7	12/20/02	Yes	
		Number::	

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::